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SUGGESTIONS FOR ACCOMMODATING THE CRIPPLED IN REGULAR BUILDINGS.
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Architectural guideline specifications are given for--(1) doors, (2) floors, (3) toilet rooms, and (4) water fountains. Suggestions for area locations and capabilities are given for--(1) classrooms, (2) playgrounds, (3) auditoriums, (4) physical and/or occupational therapy, (5) storage space, and (6) resting space. (MH)

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MICHIGAN
DEPARTMENT OF EDUCATION
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Location: All classrooms for crippled children should be self-contained, located as near as possible to rooms for "normal" children of similar ages, and be the same basic size as kindergarten rooms in order to provide space for large equipment such as wheel chairs, etc.

Doors: Since crippled children should be integrated whenever possible with the non-handicapped, all interior and exterior doors should be at least 36 inches wide. No door sills should be provided and doors should have kick plates extending from the bottom to at least 16 inches from the floor to protect the door from wheel chairs, crutches, braces, etc.

Floors: Floors should have non-slip surfaces and be of a common level throughout the building. In multi-level buildings ramps or elevators should be available as needed.

Toilet Rooms: Toilet rooms should have fewer toilets and more space than regular facilities in order to provide for movement of wheel chairs, etc. If stalls are used, they should be at least 36 inches wide. Adjustable hand rails should be provided on each side of the toilet. Some schools prefer to have one toilet with hand rails to be located in the corner of the room rather than in the typical stall facility. For younger children toilet chairs are sometimes satisfactory.

Towel racks and soap dispensers should be no higher than 40 inches from the floor.

Water Fountains: In the October 31, 1961, bulletin of the American Standards Association Incorporated sponsored by the National Society for Crippled Children and Adults the following specifications for water fountains are given:

"Note 1: Conventional floor-mounted water coolers can be serviceable to individuals in wheelchairs if a small fountain is mounted on the side of the cooler 30 inches above the floor.

Note 2: Wall-mounted, hand operated coolers of the latest design, manufactured by many companies, can serve the able-bodied and the physically disabled equally well when the cooler is mounted with the basin 36 inches from the floor.

Note 3: Fully recessed water fountains are not recommended.

Note 4: Water fountains should not be set into an alcove unless the alcove is wider than a wheelchair."

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Playgrounds: If pre-school children are to be served, then a small, semi-protected playground should be provided. Various surfaces may be used for the playground to permit walking practice on gravel, dirt, sand, brick, cement, etc.

Special Provisions: Since some of the cerebral palsied and other crippled children have hearing losses one area near the front of the school auditorium where wheelchairs may be placed may also be provided with hearing aid jacks. Auditoriums serving pupils with hearing losses should provide an overhead projector as standard equipment. The teacher of the hearing impaired can prepare explanatory notes for the projector in advance of lectures in the auditorium so the hearing impaired can follow the programs.

Space for Physical and/or Occupational Therapy: Physical and occupational therapy rooms should be about the same size as modern classrooms, colorful, and equipped with heavy duty water and electrical outlets so that equipment can be used in as flexible a manner as possible, depending on the needs of the children. Medical treatment rooms should be arranged so that shower curtains can be used for privacy as needed and to avoid medical cubicles. A wall mirror should be built into the wall and there should be pegs for gym mats.

Storage Space: A closet should be provided near the physical and/or occupational therapy room for storing wheel chairs, walking bars, and large pieces of equipment.

Space for Resting: Large cot rooms for mass resting are not advised since rest to be effective should be based upon individual need and cannot realistically be set up at a certain time for all children. Teachers should cooperate with the physical and/or occupational therapist in planning time for medical resting in the health room, in a screened corner of the classroom, etc.